

<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>4</b>	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.									
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>									
1. CONTRACT/PURCH ORDER NO. <b>SP0920-03-D-7762</b>		2. DELIVERY ORDER NO. <b>0001</b>		3. DATE OF ORDER (YYMMDD) <b>2003 OCT 16</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPE03283000629</b>		5. PRIORITY <b>DOA7</b>	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCSCS (614)692-7827 / FAX: (614)692-6922 E-mail: Melissa.Kirk@dla.mil				7. ADMINISTERED BY (If other than 6) <b>CMDR DCMC BOSTON</b> 495 SUMMER ST BOSTON MA 02210-2138 <b>CRITICALITY: B</b>		CODE <b>S2206A</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR NAME AND ADDRESS <b>MICROWAVE ENGINEERING CORP DBA MICROWAVE RESEARCH 1551 OSGOOD ST NORTH ANDOVER MA 01845</b>				CODE <b>06351</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>150 DAYS ADO</b>	
						12. DISCOUNT TERMS <b>NET 30 days</b>		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
						13. MAIL INVOICES TO <b>See Block 15</b>			
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6				CODE		15. PAYMENT WILL BE MADE BY <b>DFAS - COLUMBUS CENTER ATTN DFAS BYDPCC/CC 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6205</b> <b>EFT: T</b>		CODE <b>S33184</b>  MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY TYPE OF ORDER <input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> PURCHASE		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. <b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b>							
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)			
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>EG: 97X4930 SCE0 001 26.0 S33150</b>									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
	Remarks: <b>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>			<b>TOTAL: 6</b>					
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: <i>Shirley Green</i> CONTRACTING/ORDERING OFFICER		25. TOTAL <b>\$ 76230.00</b>			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE	
36. I certify this account is correct and proper for payment.  DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER	
								33. AMOUNT VERIFIED CORRECT FOR	
								34. CHECK NUMBER	
								35. BILL OF LADING NO.	
								42. S/R VOUCHER NO.	

CONTINUATION SHEET

Order Number:

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FOB DESTINATION

INSPECTION/ACCEPTANCE DESTINATION

## CONTINUATION SHEET

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## SECTION B

PR YPE03283000629  
NSN 5865-01-084-6760

ITEM DESCRIPTION:

FILTER-COUPLER

MICROWAVE ENGINEERING CORP (06351) P/N 037-002794

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03283000629	0001	6	EA	\$12705.00000	\$76230.00

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: DEST  
ACCEPTANCE POINT: DEST

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999

QUP = 001: PRES MTHD = 41: CLNG/DRY = 1: PRESV MAT = 00:

WRAP MAT = 00: CUSH/DUNN MAT = NA: CUSH/DUNN THKNESS = X:

UNIT CONT = D3: OPI = 0:

INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:

PACK CODE = U:

MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.

SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: DESTINATION BY: 2004 MAR 14

PARCEL POST/FREIGHT ADDRESS:

SW3119  
DEF DIST DEPOT WARNER ROBINS  
455 BYRON STREET BLDG 376  
ROBINS AFB GA 31098-1887

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SECTION B

NON-MILSTRIP  
PROJ

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REMIT PAYMENT TO:

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